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CONFIRMATION NO. 3252

SERIAL NUMBER 09/243,997	FILING OR 371(c) DATE 02/04/1999 RULE	CLASS 514	GROUP ART UNIT 1621	ATTORNEY DOCKET NO. 0570.00077
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APPLICANTS

RICHARD B. SILVERMAN, MORTON GROVE, IL;
RYSZARD ANDRUSZKIEWICZ, SOPOT, POLAND;

** CONTINUING DATA *****

This application is a DIV of 08/899,918 07/24/1997 ABN
which is a DIV of 08/420,905 04/11/1995 PAT 6,197,819
which is a CON of 08/064,285 05/18/1993 ABN
which is a CIP of 07/886,080 05/20/1992 ABN
which is a CIP of 07/618,692 11/27/1990 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/22/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

48924

TITLE

GABA AND L-GLUTAMIC ACID ANALOGS FOR ANTISEIZURE TREATMENT

FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/243,997	FILING DATE 02/04/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 0570.00077
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APPLICANT RICHARD E. SILVERMAN, MORTON GROVE, IL; RYSZARD ANDRUSZKIEWICZ, Sopot, POLAND; PO-WAI YUEN, ANN ARBOR, MI; DENIS MARTIN SOBIERAY, HOLLAND, MI; LLOYD CHARLES FRANKLIN, HAMILTON, MI; MARK ALAN SCHWINDT, HOLLAND, MI.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 08/899,918 07/24/97 *ABN*
mm WHICH IS A DIV OF 08/420,905 04/11/95 *USP 6,197,819*
 WHICH IS A CON OF 08/064,285 05/18/93 *ABN*
 WHICH IS A CIP OF 07/886,080 05/20/92 *ABN*
 WHICH IS A CIP OF 07/618,692 11/27/90 *ABN*

****371 (NAT'L STAGE) DATA*******

VERIFIED *NONE*
mm

****FOREIGN APPLICATIONS*******

VERIFIED *NONE*
mm

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/22/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 0	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials <i>mm</i> Initials _____					

ADDRESS	KENNETH I KOHN SUITE 410 30500 NORTHWESTERN HIGHWAY FARMINGTON HILLS MI 48334
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TITLE	GABA AND L-GLUTAMIC ACID ANALOGS FOR ANTISEIZURE TREATMENT
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FILING FEE RECEIVED \$1,228	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.12 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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